



Arkansas Early Childhood Comprehensive Systems Initiative

Social-Emotional Health Work Group – February 24, 2005 – 9 – 11 a.m.		
Members Present: Patti Bokony, Bruce Cohen, Deborah Gangluff, Dana Gonzalez, Richard Hill, Carol A. Lee, Ann Patterson, Martha Reeder, Sandra Reifeiss, Paula C. Watson, and Anne Wells. Regrets: Sarah Breshears and Laura Butler.		
Agenda Item #1: Updates – AECCS and SFI – Martha Reeder		
<table border="1"><tr><td><p>Discussion: Martha reported that the steering committee for both AECCS and SFI will be combined at a special retreat March 10-11, 2005. The Center for the Study of Social Policy will send two persons to the retreat. The first session will relate specifically to the AECCS initiative and its reapplication proposal.</p><p>A statewide event is being planned for May as the kickoff of the Strengthening Families. AETN has already committed to make a child abuse prevention video. They have agreed to use the five protective factors as part of the video. The video will be premiered at the AETN Conference in Hot Springs on April 5, and broadcast on April 6 at 8:00 p.m.. The video will be re-broadcast in May as part of the official kickoff of Strengthening Families. It is anticipated that all systems planning people are to be invited, plus healthcare professionals, family service workers and others. This large event will be held in Conway at the AETN studio. There will be an expert panel of persons as part of the one-hour broadcast. CSSP will be present and there will be a call-in element for persons to request materials. The live audience will be able to ask questions. This is a good way to get the information out as we kick off the event. The people from CSSP are very excited about our plans.</p></td><td><p>The Family Support web site is a first step. We hope the Web Site will be in place within the next six months. ARMI S is one source. At the Steering Committee meeting there will be one group that works on it specifically. If it is possible to have it up and running by October, the providers could see how it works at their meeting and how easy it is to use.</p></td></tr></table>	<p>Discussion: Martha reported that the steering committee for both AECCS and SFI will be combined at a special retreat March 10-11, 2005. The Center for the Study of Social Policy will send two persons to the retreat. The first session will relate specifically to the AECCS initiative and its reapplication proposal.</p> <p>A statewide event is being planned for May as the kickoff of the Strengthening Families. AETN has already committed to make a child abuse prevention video. They have agreed to use the five protective factors as part of the video. The video will be premiered at the AETN Conference in Hot Springs on April 5, and broadcast on April 6 at 8:00 p.m.. The video will be re-broadcast in May as part of the official kickoff of Strengthening Families. It is anticipated that all systems planning people are to be invited, plus healthcare professionals, family service workers and others. This large event will be held in Conway at the AETN studio. There will be an expert panel of persons as part of the one-hour broadcast. CSSP will be present and there will be a call-in element for persons to request materials. The live audience will be able to ask questions. This is a good way to get the information out as we kick off the event. The people from CSSP are very excited about our plans.</p>	<p>The Family Support web site is a first step. We hope the Web Site will be in place within the next six months. ARMI S is one source. At the Steering Committee meeting there will be one group that works on it specifically. If it is possible to have it up and running by October, the providers could see how it works at their meeting and how easy it is to use.</p>
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Agenda Item #2: Logic Model – Reapplication Process – Goals

Discussion: Bruce reported that he had incorporated national goals and materials from the *Building State Early Childhood Comprehensive Systems Series* into the logic model. This indicated that we were largely in synchrony with the goals stated in that document but, rather than reinventing the wheel, we can use some of their focus and refinement. Bruce mapped national social-emotional goals and outcome measures. He noted the extensive work done on the same issues we are grappling with and suggested that this group review these resources as we complete our planning and implementation goals.

Patti distributed and discussed our snapshot outline we have completed related to what the Social-Emotional Health Work Group has done. Patti and Bruce adapted national goals to flesh out one goal into three goals. Patti reviewed with the group what was included in this outline. There was much discussion around each area. Some issues discussed involved screening. It was suggested that we need to find out what extent the DECA and other tools are being used statewide. We know that there is some sort of screening used in early childhood programs such as Head Start and ABC, but no one knew specifics about instruments. Ann Patterson will find out regarding Head Start. Carol Lee feels there are a variety of instruments in use. Anne Wells suggested that not all RSPMI providers screen but that CHMC's do.

Sandra Reifeiss reported that 16 early childhood Special Education Coordinators have been trained in the use of DECA. Anne noted that all CMHC's will have a DECA trained person or two as part of an effort between early childhood and mental health at the state level.

There was some discussion of rules that will be in place next year that will require ABC programs to make referrals to the 2.5 Special Education Program before kicking

You have to observe for four weeks and that there will be collaboration. This effort she described is a beginning. Questions: How can this group respond? Sandra suggests we support funding of positions. She noted that the number of children in early child care programs went up to 11,000. Martha suggests that assigning consultants should be done based on density not just one per area. There is a need to be consistent across the state. No one group can do it all.

Sandra also noted that a child with just social-emotional delays can qualify for early help without having cognitive delay. Martha looked at how this will fit into our snapshot. It is time efficient to answer what is already in place as you discuss those efforts.

Department of Education/Special Education will have a web-based tracking system for birth to 21 next year that will enable them to tell how many children with IEP have social-emotional needs identified. Ann asked about frequency of identification. Sandra noted that new IEP formats are coming out Monday and they will start being used in July, 2005. She also noted a special education research project with UALR starting in April. (Department of Education/Special Education/UALR, but did not give details). Sandra noted that the new IEP format will have no short-term objectives. Bruce asked about loop holes in having behavior plans without having a specific behavior goal. No choice but to wait to see how the new procedures play out.

Patti asked if DHS/DCCECE was going to adopt COPA and, if so, with all child care centers or just ABC? Martha told her to follow up with Tim Lampe so we can clarify snapshot. Paul Lazenby would also be helpful if Tim does not know about a system-wide data base.

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Agenda Item #2, Continued: Logic Model – Reapplication Process – Goals

Discussion: Patti asked about screening at the K level. No one had the information available. Ann Patterson noted that one effort is parent report. Martha noted that the early care work group is looking at transition issues about early care experiences and is trying to make a valid tool. It was suggested that Dee Cox (682-4379) is a contact at the Department of Education and perhaps could help in defining what is collected. Sandra noted that K roundup done in most schools but can be configured many ways. A department of education transition committee is looking at this issue. New Ready School effort might give a sample (6 school districts are in a pilot) and is part of the national effort by the CCSSO (Martha has details). This is a one-year project. There is a Family and Child Outcomes effort by the Department which will yield some social-emotional outcomes.

Continuing with the review, Martha noted that the screening tool is a process. It may be unrealistic to think that this group can identify one tool to use statewide. We need to ID the tools being used. Deborah indicated that for true outcomes measurement we need continuity of tools for tracking and research purposes. We need to consider how to get it paid for and implemented. There is a need for a systems approach. Martha sees this as a challenge that needs to be overcome and must involve many partners.

She suggests that the SEH work group needs to do the research to come up with a proposal to take to the oversight committee since this would be a policy change, and we need to be sure we have buy-in from all constituents (mental health and education, etc.) Making a recommendation is just a first step. Martha wants the work group to outline systems issues, all partners included, and persons in authority to insure buy-in since these decisions have budgetary and policy implications. She suggests we

Ann noted that some K will take Head Start information and not redo. Martha noted that the Medical Home Work Group is also looking at the screening issue. Dr. Richard Nugent (Health Department, Child and Adolescent Services) recently became one of the co-chairs of this group. Dr. Gil Buchanan and AFMC are also part of this work group. The Medical Home Work Group is looking at EPSDT processes across the state. They want a systematic way to communicate with parents about developmental issues so that communication can flow better between PCPs and early childhood settings. Martha noted it needs to fit into our current systems and it needs to be family friendly.

The next meeting of the Medical Home work group is March 7 at Calvary Baptist Church at 2 p.m. Bruce indicated he would try to attend the meeting.

Social-emotional issues need to be added to the EPSDT screen in Arkansas. Question: Is there a model program in another state? Patti agreed to look into this. Oklahoma was mentioned as a possibility.

It was mentioned that April 15-16 there is a meeting scheduled for medical doctors at Disney World about early care issues. Carol suggested that SEH sponsor a conference about this in Arkansas. Ann noted that we need to be careful about promoting identification when services are not available. Carol noted that in some instances meds are changed by PCPs when kids come back after specialized evaluations.

One member suggested that MDs report that most are not buying into the "medical home" effort due to burden and the perception that it is nothing more than a gatekeeper. Patti asks has anyone surveyed MD's about this issue? We have battled about this concept. How do we

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Agenda Item #2, Continued: Logic Model – Reapplication Process – Goals

Discussion: Question: How strong is the Arkansas Medical Society. One person ventured that they thought that not many MD's are members (at one time, not many pediatricians). David Wroten is the director of the Arkansas Medical Society. There is a small conference grant from HRSA and perhaps we could collaborate with UAMS to do this. Deborah is working with Dick Nugent to write the grant. The Arkansas Health Group would be a contact. Dr. Gil Buchanan sits on the interagency coordinating council. New rule says that they have to have a mental health person on that council who is appointed by the governor. Community Health Centers and the Mental Health Council should also be involved.

Martha asked what this would look like and where it fits in the "snapshot" that is being completed. Primary Care providers and Prior Authority– Medicaid needs to have that discussion. The current system does not provide feedback to PCPs; probably better way to get the medical home.

As to referral for services, Anne noted that the demonstration early childhood mental health projects can move to statewide implementation. She suggested the development of a brochure and materials to promote appropriate referrals. Anne will word this for this effort.

Related to the resource mapping that is going on, Patti asked if they are identifying providers. Martha noted an effort to combine many resource guides into a web tool. Strengthening Families is on a two-year timeline in this area. (This is one of their three primary goals for the next two years.) Possibly, we could see a bare-bones version in six months. The ARMI S site is a viable option. The Compassion Coalition site would be more user-friendly, but it is not used much. Martha indicated some funding will support this effort through Early

Childhood Education or they will seek funds elsewhere. It was pointed out that this will be a focus of a group as part of the steering committee.

For a referral piece, we need to define systemic barriers. Lack of coverage by insurance companies for these services was a barrier raised. The parity issue about what is covered was discussed, but there needs to be a ground swell to get any attention for this issue. We need to add employers to the work group efforts to help push for this coverage. Family-friendly partners should push for this to happen.

Martha noted that the social-emotional health role in the tiered strategy for quality has not been determined. We need to outline how an agency or provider should support the social-emotional health of a child. The Medical Home Work Group did this for the physical health. We need to review their example. We need to have a list of priorities that support quality in differing settings.

One of the Strengthening Families goals will be to look 3-5 model programs in the state that will support the five protective factors. Extra training and support to prevent child abuse will be provided to develop a model of what quality is and learn from that. Social-emotional should be in those model sites.

More and more public schools are incorporating early childhood on campus. Principals and other leaders need to be included in training on the front end and, it should be ongoing. The task for next week would be to include and get folks to commit to particular goals.

There is a deadline of March 7 for the group to get feedback to Martha on the goals. Patti will update

Agenda Item #3: Adjournment – Next Meeting Date

Discussion: There being no further business, the meeting was adjourned.

Result: Date: April 7, 2005

Time: 9 – 11 a.m.

Place: Freeway Medical Center
5800 West 10th Street
Suite 605 (sixth floor)
Little Rock, AR 72204

Tasks: Set up Meeting for April 7